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Michigan Regulations for the Control of Communicable Diseases

In Accordance with Provisions of Act 146,
P. A. 1919



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MICHIGAN DEPARTMENT OF HEALTH
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Michigan. Dept. of Health

Michigan Regulations for the Control of Communicable Diseases

**In Accordance with Provisions of Act 146,
P. A. 1919**



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MICHIGAN DEPARTMENT OF HEALTH

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INTRODUCTION

The Regulations of the Michigan Department of Health for the Control of Communicable Diseases are the minimum requirements in Michigan. Only provisions included in these regulations are required by the Michigan Department of Health. Local boards of health may make such additional regulations as may be necessary, provided that they are not less stringent than the state requirements.

Cases and suspects of reportable diseases shall be reported immediately to the local health officer. Court decision has interpreted the word "immediately" to mean "within the following 24 hours."

Penalties for violation of State Health Department regulations are provided in Act 146, P. A. 1919, Sec. 12, as follows: "Any person violating any regulation, rule or order of the State Health Commissioner, or of the State Health Commissioner and the State Advisory Council of Health, shall be deemed to be guilty of a misdemeanor and on conviction thereof shall be subject to a fine of not more than \$200 or to imprisonment in the county jail for not more than six months, or to both such fine and imprisonment in the discretion of the court."

REPORTABLE DISEASES

Actinomycosis	Encephalitis, St. Louis, lymphocytic chorio, equine, post-infectious, undetermined.
Ankylostomiasis (Hookworm)	Epidemic keratoconjunctivitis
Anthrax	Erysipelas
Blastomycosis	Favus
Botulism	Glanders
Chancroid	Impetigo
Chickenpox	Infectious hepatitis of virus origin
Cholera	Infectious jaundice (Weil's disease)
Dengue	Infectious mononucleosis
Diarrhea of newborn (Only in infants under one month of age)	Influenza
Diphtheria	Influenzal meningitis
Dysentery, amebic	
Dysentery, bacillary (By type of organism when known)	

Gonorrhea	Puerperal streptococcic infections
Granuloma inguinale	Rabies (Both human and animal)
Leprosy	Rheumatic fever, acute
Lymphogranuloma venereum	Ringworm
Malaria	Rocky Mountain spotted fever
Measles	Rubella (German measles)
Meningococcic meningitis	Salmonella infections (By type of organism if known)
Mumps	Scabies
Occupational diseases ¹	Scarlet fever
Ophthalmia neonatorum (Gonorrhreal)	Smallpox
Paratyphoid A (S. paratyphi A)	Streptococcic sore throat, acute
Paratyphoid B (S. paratyphi B)	Syphilis
Pediculosis	Tetanus
Pertussis (Whooping cough)	Trachoma
Pink eye	Trichinosis
Plague	Tuberculosis
Pneumonia, pneumonitis, acute infectious: Lobar Broncho, Primary atypical, Unspecified (By type of organism if known)	Tularemia
Poliomyelitis	Typhoid
Psittacosis	Typhoid and other Salmonella carriers
	Typhus
	Undulant fever
	Yellow fever

Dog bites shall be reported in the same manner as provided for the reporting of the communicable diseases.

REPORTING OF COMMUNICABLE DISEASES

Cases and carriers, and suspects of communicable diseases shall be reported immediately² to the local health officer, with the exception that in cities or counties not having full-time health officers, cases and suspects of venereal disease and tuberculosis shall be reported directly to the Michigan Department of Health.

Communicable disease report information shall be recorded by the local health officer and forwarded on official forms to the Michigan Department of Health.

¹See excerpts from Act 210, P. A. 1937, in Supplement, page 49.

²Within the 24 hours following diagnosis.

A case of communicable disease (except venereal disease and tuberculosis which are reported on special blanks) may be said to be reported when the name of the person, address, age, color and sex, together with the name of the disease existing or suspected is given to the designated authority.

A case of venereal disease or of tuberculosis, for which special forms have been prepared by the Michigan Department of Health, may be said to be reported when such a report form completely filled out in writing is given to the designated authority.

Occupational diseases shall be reported as provided by Act 210, P. A. 1937. See Supplement, Page 49.

Cases and suspects shall be reported by the following persons:

Physicians.

Dentists.

Directors of registered laboratories

Veterinarians.

Parents and guardians.

Superintendents, principals and teachers of all schools.

Nurses, whether engaged in private duty, school, public health or industrial work.

Pharmacists.

Keepers of hotels, lodging houses, cabin camps, and trailer coach parks.

Superintendents of public or private hospitals, nursing homes, clinics, dispensaries, asylums or jails.

Owners or managers of any dairy farm or place where dairy products are handled or offered for sale.

Licensed embalmers, when the death certificate certifies that the primary or contributory cause of death was one of the reportable diseases.

"All cases of communicable disease having any animal reservoir or which are transmissible from animal to man, or man to animal, which come to the attention of the health officer shall be reported by that health officer to the State Department of Agriculture. It shall be the duty of the full-time local health officer to render such reports to the local representative of the State Department of Agriculture. It shall be the duty of the State Health Commissioner to notify the State Commissioner of Agriculture of all such cases coming to his attention, together with such information as he has concerning the case."¹

Exclusion of Communicable Disease Suspects from School

Superintendents, principals and teachers of any school and nurses in any way responsible for the health program of any school shall exclude from school any child suspected by them of having a communicable disease. The name and address of such child shall then be reported to the local health officer for investigation. Readmission to school may then be permitted by a satisfactory arrangement with the local health officer.²

DEFINITION OF TERM "CHILDREN"

Hereinafter when the word, "child," or "children" is used, it shall mean all individuals under 15 years of age or under the tenth grade.

ISOLATION AND QUARANTINE

Isolation shall mean the separation of a person suffering from a communicable disease, a carrier of the infectious organism or a person suspected of having such a disease or of being a carrier, from other persons, in such places and under such

¹Resolution of the State Council of Health.

²Health officers who are not physicians see page 10.

conditions as will prevent the direct or indirect conveyance of the infectious agent to susceptible persons.

Quarantine shall mean the prohibition of persons, animals or things entering or leaving the premises quarantined except as provided for by the regulations of the Michigan Department of Health.

Quarantine and Warning Placards

Quarantine and warning placards shall be provided by local health jurisdictions. They shall be approximately five by seven inches in size, with the word "warning" or "quarantine" printed in large letters. They shall be placed conspicuously on or near entrances of the abode.

A quarantine placard shall read essentially as follows:

QUARANTINE

No person, animal or thing shall enter or leave these premises, except as provided by the regulations of the Michigan Department of Health. Violation of this regulation is punishable by law. Quarantine is established because

of

Removal of this placard without the authority of the health officer is a misdemeanor punishable by law. Penalty: \$100 and costs of prosecution or imprisonment for not to exceed 90 days (Act 230, P. A. 1885, Sec. 6).

Health Officer.

A warning placard shall read essentially as follows:

WARNING

The public is hereby warned that there is

in this household. No person who is susceptible to this disease should enter these premises.

Removal of this placard without the authority of the health officer is a misdemeanor punishable by law. Penalty: \$100 and costs of prosecution or imprisonment for not to exceed 90 days (Act 230, P. A. 1885, Sec. 6).

Health Officer.

CONTACT WITH PATIENT

"No contact with the patient" applies to both direct and indirect contact with the patient.

HEALTH OFFICERS WHO ARE NOT PHYSICIANS

Health officers who are not physicians, and whose jurisdiction is not subject to that of a county or district health officer, shall ask for the advice or consultation of a physician in all matters where a decision is necessarily based on a knowledge of medical science. (The expense for such service is an obligation of the county, in accordance with Sec. 6476, C. L. 1929.)

COMMUNICABLE DISEASES ON DAIRY FARMS OR PLACES WHERE MILK OR DAIRY PRODUCTS ARE HANDLED

Whenever a case or suspected case of diphtheria, scarlet fever or other streptococcal infection, poliomyelitis, tuberculosis, typhoid, paratyphoid A (*S. paratyphi A*), paratyphoid B (*S. para-*

typhi B), other *Salmonella* infections, dysentery, or a carrier of the causative organism of any of these diseases is found at any place where dairy products are handled or offered for sale, the sale or removal of milk and all other dairy products from these premises shall be stopped at once.

When the local full-time health officer¹ finds that the circumstances are such that animals can be cared for, the milk handled and all utensils cleaned by persons who do not come in contact, either directly or indirectly, with the case or carrier, he may permit milk and other dairy products to be sold from the premises, provided they are shipped to a pasteurizing plant, a powdered milk plant, an evaporated milk plant or a condensary; and provided that all dairy products received by such plants are adequately processed.

In localities not under the jurisdiction of a full-time local health officer, permission for sale of milk or other dairy products from such premises must be obtained from the State Health Commissioner.

Whenever the sale of milk or other dairy products is permitted from the premises where there is a communicable disease, the health officer in charge shall notify the health officer where the products are being distributed before arrangements are completed.

DANGEROUS COMMUNICABLE DISEASES

The following diseases have been designated as dangerous communicable diseases in compliance with Act 293, P. A. 1909, or by action of the State Council of Health.²

Chancroid*	Diphtheria
Cholera	Diphtheria carriers
Diarrhea of newborn	Erysipelas

*A local full-time health officer is one who has been approved by the State Health Commissioner and whose vocation is restricted to the practice of public health.

-See Supplement regarding "Dangerous Communicable Diseases," Page 51.

²Act 6, Second Extra Session 1942.

Gonorrhea ¹	Plague
Granuloma inguinale ¹	Policymyelitis
Leprosy	Psittacosis
Lymphogranuloma venereum ²	Scarlet fever
Malaria	Smallpox
Measles	Streptococcic sore throat (acute)
Meningococcic meningitis	Syphilis ¹
Paratyphoid A (S. paratyphi A)	Tuberculosis ²
Paratyphoid B (S. paratyphi B)	Typhoid
Pertussis	Typhoid and other Salmonella cholecystitis
	Typhus
	Yellow fever

DISINFECTION

Disinfection is the destroying of disease producing organisms. This shall be done by:

1. Burning (Papers, magazines, etc.).
2. Washing with soap or some other detergent and hot water (Dishes, milk bottles, bed linen, towels, beds, chairs, floors, woodwork, toys, etc.).
3. Sunning and airing (Mattresses, carpets, rugs, upholstered furniture, etc.).
4. Chemical disinfection (Limited to disinfection of urine and stools, in cases of typhoid and other intestinal diseases). Particular attention shall be given to bed pans and similar receptacles.

Disinfection shall apply to all infectious discharges of the patient and to all articles that may have come in contact with such discharges, or with the communicable disease patient. Disinfection shall be carried on during the period of quarantine or isolation (concurrent disinfection) and at the termination of quarantine (terminal disinfection).

Disinfection at the time of the release of the patient from quarantine shall consist of thorough cleaning, airing and sunning of the sickroom and

¹Act 6, Second Extra Session 1942.

²Act 314, P. A. 1927.

its contents. Woodwork and furniture shall be scrubbed with hot water and soap. Any furniture that cannot be so washed shall be thoroughly dusted with a damp cloth and the cloth burned. All cooking and eating utensils, as well as sheets, pillow slips, curtains, etc., shall be washed with soap or some other detergent and hot water. Articles which cannot be washed such as mattresses, pillows, etc., shall be thoroughly brushed and sunned.

PATIENTS DYING FROM CERTAIN COMMUNICABLE DISEASES

The bodies of those who have died of diphtheria, meningococcic meningitis, plague, poliomyelitis, scarlet fever or smallpox shall not be transported nor accepted for transportation unless they have been prepared for shipment by being thoroughly embalmed and disinfected by arterial and cavity injection with an accepted embalming fluid. This preparation must be performed by an embalmer licensed with the State of Michigan.

When bodies are transported under this rule, notice must be sent by the shipping embalmer to the health officer of the jurisdiction where the body is to be received, advising the date and time of arrival.

Public funerals may be conducted provided that prior permission is obtained from the local health officer. When permission is granted, persons in quarantine areas may be released for the purpose of accompanying the body to a funeral home, church, or cemetery, provided that they:

1. Use a separate car or means of conveyance
2. Remain in separate room or separate from the public and avoid proximity to others in attendance
3. Return to the area of isolation and remain there until premises are released from quarantine.

CHANCROID

(See Venereal Diseases, page 42.)

CHICKENPOX

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

Cases

Patients shall be isolated until the skin is clear of active lesions or in any case for not more than ten days from the appearance of the first crop of vesicles.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having chickenpox. All persons over 12 years of age suspected of having chickenpox may be examined by the health officer¹ to rule out small pox.

Exposed persons

No restrictions.

DIARRHEA OF NEWBORN

Diarrheas of the newborn (infants under one month of age) shall be immediately reported. The circumstances surrounding the development of such disease shall be investigated by the local full-time health department or the Michigan Department of Health. The health department shall take such measures as are deemed necessary to control the infection.

¹Health officers who are not physicians see page 10.

DIPHTHERIA¹

Reporting and placarding

Cases, suspects and carriers shall be reported. A quarantine placard shall be used.

Cases and suspects

Patients shall be isolated until afebrile for 24 hours and thereafter until two consecutive cultures from the nose and throat obtained no less than 24 hours apart have been found negative in a registered laboratory. Quarantine shall not be terminated until all persons within the quarantine have been found to have negative nose and throat cultures, or as otherwise provided by the Michigan Department of Health. These release cultures shall all be secured at the same time and examined in a laboratory registered by the Michigan Department of Health.

Carriers

Carriers may be released when two consecutive cultures from the nose and throat, taken at intervals of not less than 24 hours, are free from diphtheria bacilli, or if the diphtheria organisms are found to be non-toxigenic in a laboratory registered by the Michigan Department of Health.

Exposed persons

Persons living in the house with the patient may be provisionally released by the health officer to live elsewhere if one culture from the nose and throat is negative. Permanent release will be dependent upon securing a subsequent negative culture from the nose and throat in not less than 24 hours.

¹See "Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

Children and adults who remain in the house with the patient shall have cultures taken from the nose and throat and shall be released when such cultures show the absence of diphtheria bacilli and the quarantine is terminated.

When a diphtheria patient has attended any school, all children and teachers in the schoolroom may be considered as having been exposed to the disease and may be required at the discretion of the health officer to have nose and throat cultures taken immediately.

Persons refusing to have cultures taken may be placed in quarantine for seven days. All persons exposed in school shall be examined carefully each day for any symptoms of diphtheria for seven days following exposure. A positive culture is sufficient reason for exclusion from school and for quarantine as a carrier.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

The sickroom and its contents shall be thoroughly cleaned at the time of release from quarantine.

DYSENTERY, AMEBIC

The regulations governing typhoid fever shall apply except where reference is made to bile specimens under typhoid.

DYSENTERY, BACILLARY

The regulations governing typhoid fever shall apply except where reference is made to bile specimens under typhoid.

EPIDEMIC KERATOCONJUNCTIVITIS

Reporting and placarding

Cases shall be reported.

A placard may be required at the discretion of the health officer.

Cases

Patients shall be excluded from place of employment, school and public gatherings until recovery.

Suspects

Suspects shall be excluded from place of employment, school and public gatherings as long as there is reasonable suspicion of their having epidemic keratoconjunctivitis.

Disinfection

Disinfection of the infectious discharges and of all articles that may have been in contact with such discharges or with the patient shall be carried on during the entire period of the disease.

ERYSIPelas¹

Reporting and placarding

Cases and suspects shall be reported.

No placard is required.

Cases

Patients shall be isolated until recovery.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having erysipelas.

¹See "Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

FAVUS

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

Cases and suspects

Patients shall be excluded from school and public gatherings until recovery.

GONORRHEA

(See Venereal Diseases, page 42.)

IMPETIGO

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

Cases and suspects

Patients and persons suspected of having impetigo shall be excluded from school and contact with other children until recovery; except that these restrictions may be waived by the health officer if they are receiving medical treatment and are under observation of the health officer or his representative.

INFLUENZA

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

Cases and suspects

Patients shall be isolated until recovery.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patients shall be carried on during the entire period of isolation.

MEASLES

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

Cases

Patients shall be isolated until recovery, provided that the period of isolation shall not be terminated before seven days from the onset of illness.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having measles.

Exposed persons

No restrictions.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

MENINGOCOCCIC MENINGITIS¹

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

¹See "Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

Cases

Patients shall be isolated until recovery.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having meningo-coccic meningitis.

Exposed persons

No restrictions.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

The sickroom and its contents shall be thoroughly cleaned at the time of release from isolation.

MUMPS

Reporting and placarding

Cases and suspects shall be reported.

No placard is required.

Cases

Patients shall be isolated until recovery.

OPHTHALMIA NEONATORUM

(Gonorrhreal—developing within 10 days after birth.)

Reporting and placarding

Cases and suspects shall be reported.

Any person having knowledge of a case or suspected case of ophthalmia neonatorum shall report such case by telephone or telegraph to the Michigan Department of Health unless it is known that the local health officer has already made a report to the Michigan Department of Health.

No placard is required.

Cases and suspects

Patients shall be isolated until there is no longer a discharge from the eyes.

Disinfection

Disinfection shall be carried on of all articles that have come in contact with discharges from the eyes. Cotton, gauze or other material that can be burned immediately must be used to collect the discharges from the eyes.

Prevention

In accordance with Act 328, P. A. 1931, silver nitrate, 1.0 per cent, in solution, has been approved by the State Council of Health as the prophylactic required to be used in every child's eyes immediately after birth.

PARATYPHOID A AND B

The regulations governing typhoid shall apply.

PEDICULOSIS

(Infestation with lice)

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

Cases and suspects

Patients shall be excluded from school and public gatherings until free from infestation.

The health officer may order the disinfection of the home and clothing and isolate the children for the purpose of cleansing, and order parents to rid the family of infestation. Refusal to comply with such order or resisting the health officer constitutes basis for prosecution of parents under Section 6452 of Compiled Laws of 1929.¹

¹Attorney General's opinion, March 9, 1944.

PERTUSSIS

(Whooping Cough)

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

Cases

Patients shall be isolated for three weeks after development of the characteristic cough.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having pertussis.

Exposed persons

Children living in the house with the patient who have had pertussis or who have been vaccinated against pertussis as proved by evidence satisfactory to the local health authority may come and go as usual. Non-immune children shall be excluded from school and from contact with other children for the same length of time as the patient.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

PINK EYE

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

Cases and suspects

Patients shall be excluded from school and public gatherings until recovery.

POLIOMYELITIS¹ **(Infantile Paralysis)**

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

Cases

Patients shall be isolated until recovery from the acute manifestations of the disease, but in no event shall isolation be terminated until 14 days from the onset of the disease.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having poliomyelitis.

Exposed persons

No restrictions.

Disinfection

Disinfection of all discharges, excreta and all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

RABIES

Reporting and placarding

Cases of rabies in humans and animals shall be reported.

Dog bites shall be reported.

No placard is required.

All laboratories in Michigan making examinations of dogs or other animals for rabies shall

¹See "Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

report the following data to the State Health Commissioner on the first day of the month following the examination: kind of dog, name and address of owner of dog, name and address of person submitting specimen, and date and results of examination.

Cases and suspected cases

Whenever the body of a person having died of rabies, or a disease suspected of being rabies, is autopsied, or whenever a body is autopsied following death which may be attributed to administration of prophylactic rabies vaccine, the person making the autopsy shall be responsible for immediately transferring a portion of the hippocampus major and spinal cord to the Michigan Department of Health laboratories in Lansing for pathological examination and animal inoculation. A history of the case shall accompany the specimen.

Dogs and other animals

Any dog, or other animal that has bitten a person shall be held in confinement for a period of at least ten days from the date the person was bitten. If the animal dies during the period of confinement, the head shall be sent to a laboratory¹ for examination for evidence of rabies.

RINGWORM

Reporting and placarding

Cases and suspects in elementary schools shall be reported.

No placard is required.

¹Laboratories making examinations for rabies:
Michigan Department of Health Lab., Lansing.
Pasteur Institute, Ann Arbor.
Detroit City Health Department Lab., Detroit.

Cases and suspects

Patients shall be excluded from school and public gatherings except that these restrictions may be waived by the health officer if they are receiving medical treatment and are under observation of the health officer or his representative.

RUBELLA (German measles)

Reporting and placarding

Cases and suspects shall be reported.

No placard is required.

Patients shall be excluded from school and contact with children for one week.

SALMONELLA INFECTIONS

The regulations governing typhoid fever may apply.

SCABIES

Reporting and placarding

Cases and suspects shall be reported.

No placard is required.

Cases and suspects

Patients shall be excluded from school and public gatherings until recovery.

SCARLET FEVER AND OTHER STREPTOCOCCAL¹ INFECTIONS OF THE UPPER RESPIRATORY TRACT

Reporting and placarding

Cases and suspects shall be reported.

A warning placard may be used at the discretion of the health officer.

¹See Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

Cases

Patients shall be isolated until recovery, but in no event shall isolation be terminated until 14 days from the onset of the disease.

Exposed persons

No restrictions. See "Communicable Diseases on Dairy Farms or Places where Milk and Dairy Products are Handled," page 10.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

The sickroom and its contents shall be thoroughly cleaned at the time of release from quarantine.

SMALLPOX

Reporting and placarding

Cases and suspects shall be reported.

A quarantine placard shall be used.

Cases

Patients shall be isolated until the skin lesions have become clear of all crusts, scabs or scales.

Suspects

Suspects shall be isolated as long as there is reasonable suspicion of their having smallpox.

Exposed persons

Exposed persons shall be vaccinated immediately upon discovery. Those having an immune reaction may be released at once. Those vaccinated within five days after first exposure may be provisionally released by the health officer to live elsewhere in isolation pending a successful vaccination at which time they may obtain final release. Those persons who refuse vaccination

shall be placed in quarantine for a period of 17 days from date of last exposure.

It shall be the duty of the health officer to investigate all contacts at intervals within the incubation period for the purpose of determining secondary cases of smallpox.

When a smallpox patient has attended any school, all children, teachers and other personnel in the school shall be considered as having been exposed to the disease.

Disinfection

Disinfection of all infectious discharges and of all articles that may have come in contact with such discharges or with the patient shall be carried on during the entire period of isolation.

The sickroom and its contents shall be thoroughly cleaned at the time of release from quarantine.

STREPTOCOCCIC SORE THROAT, ACUTE¹

The regulations governing scarlet fever shall apply, except that in the absence of other complicating factors, cases are isolated only until clinical recovery.

SYPHILIS

(See Venereal Diseases, page 42.)

TRACHOMA

Reporting and placarding

Cases and suspected cases should be reported.
No placard is required.

Cases and suspects

Patients shall be excluded from school and public gatherings until recovery.

¹See Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

Exposed persons

Contacts of cases shall be kept under observation.

TUBERCULOSIS¹

Definition

Conclusive evidence of active tuberculosis shall be based on the existence of an open tuberculous sinus, on x-ray findings interpreted by competent authority, or on a report from a registered laboratory on tissue, sputum or other body fluid, secretion or excretion found to contain tubercle bacilli.

Reporting and placarding

Cases and suspected cases of all forms of tuberculosis shall be reported on special forms provided by the Michigan Department of Health. The information called for on these forms shall be entered in the records of the local health officer and the report shall be forwarded by the health officer to the Michigan Department of Health.

The premises of any tuberculous patient may be placarded at the discretion of the health officer if such person refuses to comply with the regulations of the Michigan Department of Health.

Cases

No person having active tuberculosis, whether a pupil, teacher or employee, shall be permitted to attend school as long as the lesions remain active.

No person having active tuberculosis shall engage in any occupation that is in any way connected with milk, dairy products or other food for public consumption.

No person having active tuberculosis shall engage in any occupation whereby he might expose associates to the danger of infection.

¹See "Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

The following rules and regulations shall govern the operation of county sanatoria and the approval by the State Health Commissioner of all tuberculosis hospitals and sanatoria, and eligibility for state subsidy.

These regulations are promulgated in accordance with Act 177, P. A. 1925, as amended. Revised and approved by the State Council of Health July 14, 1945.

PART I—MINIMUM STANDARDS

1. There shall be not less than 50 beds for the exclusive use of tuberculous patients: except that a hospital having less than 50 beds for the exclusive use of tuberculosis patients, but whose tuberculous patients are under the direct supervision of the medical and surgical staff of another approved hospital or sanatorium, may be approved by the State Health Commissioner.
2. The water supply must be of good quality and the sewage and garbage disposal and other sanitary facilities must be adequate and safe: in accordance with the requirements of the Michigan Department of Health.
3. The superintendent or medical director shall be a Doctor of Medicine, licensed to practice in Michigan and specially trained in the care and treatment of tuberculosis, and who shall devote his entire time to the interests of the institution or the control of tuberculosis. There shall be at least one licensed Doctor of Medicine for each 50 patients.
4. There shall be a registered nurse employed as supervisor of nursing who shall have immediate supervision of all other registered nurses, nurses in training or practical nurses.

- At least one registered nurse shall be on duty at all times.
5. Laboratory facilities shall be provided by the hospital or sanatorium. This service must be performed by a laboratory registered with the Michigan Department of Health.
 6. Proper equipment for dental examination and treatment and service by a dentist shall be provided by the hospital or sanatorium.
 7. Proper facilities for roentgenography and fluoroscopy, adequate for thoracic visualization, shall be provided.
 8. Proper facilities for collapse therapy, including thoracic surgery, shall be available for patients needing this treatment. Thoracic surgery shall be performed by a competent surgeon specializing in this field.
 9. A complete set of clinical record forms shall be provided for recording the history, the results of all examinations, laboratory findings and treatments given to each patient.
 10. The superintendent shall send a monthly report (K-80*) to the Michigan Department of Health covering all information requested.

PART II—ADMITTANCE**

1. An official application (K-64*) signed by the patient, a physician and the health officer of the jurisdiction in which the patient is found and/or has legal settlement, must be on file in the hospital or sanatorium at the time of admittance.

*Forms supplied by the Michigan Department of Health.

**The attention of the health officer is directed to Act 249, P. A. 1945, section 3: "Notice of the action taken under this section or section 2-a thereof, shall be reported promptly by such officer to the county department of social welfare, of his probable place of settlement."

2. An official case report (K-60*) shall be made to the Michigan Department of Health by the superintendent within 24 hours of the establishment or confirmation of a diagnosis of tuberculosis, and a tuberculosis hospital report (K-2*) shall be made within 10 days after the admittance of all patients.
3. A medical tuberculosis hospital report (K-3*) shall be made to the full-time health officer within 10 days after the admittance of every patient in said health officer's jurisdiction. Where there is no full-time health officer, this report shall be sent to the Michigan Department of Health.
4. Residents of the state-at-large may be admitted to any approved tuberculosis hospital or sanatorium in accordance with the usual procedure for admitting any patient with tuberculosis to such hospital or sanatorium. In addition, form K-85* shall be completed and forwarded to the State Health Commissioner for approval. This form is filled out by the health department and county department of social welfare. It does not replace, but merely supplements form K-64*.

PART III—TRANSFERS, DISCHARGES, DEATHS

1. A tuberculosis hospital report (K-2*) shall be made by the superintendent to the Michigan Department of Health within 10 days after the transfer, discharge or death of each patient. These reports shall be made for both public charge and private pay patients.
2. Whenever the day of discharge can be anticipated, the health officer who signed the application for admittance shall be notified

*Forms supplied by the Michigan Department of Health.

by the superintendent of such probable date. When a patient leaves the sanatorium against medical advice, the superintendent shall immediately notify said health officer.

3. Transfer or discharge of a patient shall be decided by means of a conference of staff physicians.
4. Public charge patients admitted with a provisional diagnosis of tuberculosis but subsequently found to be non-tuberculous shall be promptly discharged. Subsidy payments will not be approved for such patients for more than 10 days following admittance except by special written approval of the State Health Commissioner.
5. A medical tuberculosis hospital report (K-3*) shall be made by the superintendent to the full-time health officer within 10 days after transfer, discharge or death of a patient. Where there is no full-time health officer, these reports shall be sent to the Michigan Department of Health.

PART IV—VOUCHERS

1. Prescribed forms (A-135R**) shall be used for reporting individual patients treated in accordance with Act 177, P. A. 1925, as amended. The report shall contain the name of each such patient, the dates of beginning and end of the period of time covered by the report and the amount of subsidy calculated at the rate of \$2.50 per day.
2. The original copy (white), together with five copies (pink, goldenrod, yellow, blue and green) shall be forwarded to the county clerk

*Forms supplied by the Michigan Department of Health.

**Forms supplied by the State Administrative Board through the Michigan Department of Health.

or clerk of the board of auditors of the county which is to receive the subsidy payments. After such clerk affixes his signature, the original and four copies (clerk retains green copy) are forwarded by him to the Michigan Department of Health at Lansing. This report, when properly signed by the hospital or sanatorium superintendent, county clerk and the State Health Commissioner, constitutes a voucher which is then forwarded through the proper channels. The goldenrod copy accompanies the check which is sent to the payee (county treasurer), from the Auditor General of the State of Michigan.

3. Prescribed forms (1A-136**) for residents of the state-at-large shall be handled in a manner similar to the above, except that the payee will be the sanatorium where hospital care is being given, instead of the county. The reasonableness and propriety of all claims and accounts shall be passed upon and determined by the State Health Commissioner, subject to appeal to the circuit court of the county of Ingham as to questions of law. These vouchers shall contain a statement to the effect that the charges made are based on actual cost for the period of time covered.
4. In the event that subsequent investigation of the application form (K-85*) for state-at-large residents determines that the information supplied by the health officer and contained in the form is in error, with the result that the patient in question is a legal charge to a county in this state, that amount of money over and above the regular subsidy

*Forms supplied by the Michigan Department of Health.

**Forms supplied by the State Administrative Board through the Michigan Department of Health.

shall be withheld from future payments made to the county in question.

Part V—Rules and Regulations Pertaining to Recalcitrant Patients Committed by the Probate Court to any Approved Hospital or Institution Maintained for the Care and Treatment of Persons Afflicted with Tuberculosis in Accordance with Section 2A, Act 249, P. A. 1945.

- A. The following procedure shall be adopted with regard to patients who remain in a sanatorium but who refuse to comply with rules and otherwise so conduct themselves that a transfer to another institution seems desirable.
 1. The chief medical officer or superintendent shall complete form K-81* in quadruplicate, retaining one copy for his files and sending the other three to the State Health Commissioner. No information requested on this form shall be omitted.
 2. Upon receipt of the three copies of the transfer application (K-81*), the State Commissioner of Health will send one copy to the probate court of the county of commitment, one copy to the health officer of the county of commitment, and will retain one copy for his files. The State Health Commissioner will then investigate, and either approve or disapprove the application. If the application is disapproved the superintendent or medical officer will be duly advised.
 3. In the event the State Health Commissioner approves the application, he will notify the patient by registered mail of the pending transfer, including the date of such transfer. A copy of this notice will be sent to the super-

*Forms supplied by the Michigan Department of Health.

intendent or medical officer making application.

4. The State Health Commissioner will then issue an order for transfer and send the same to the probate court of commitment requesting that the court arrange for the physical transfer of the patient and on the date indicated. At the time the transfer is made, the superintendent or chief medical officer requesting the transfer shall transfer to the new institution all records pertaining to the transferred patient.
- B. The following procedure shall be complied with in regard to patients who have left the sanatorium against medical advice.
 1. The superintendent or chief medical officer shall immediately notify the State Health Commissioner of such leaving, on forms provided (K-81*). Such forms shall be completed in their entirety, and shall include recommendations by the superintendent or chief medical officer. These recommendations shall include a statement concerning the ability of the sanatorium to care for the patient should he be returned to it. Upon receipt of the notification, the State Health Commissioner shall send a copy of such notice to the probate court of the county of commitment.
 2. The State Health Commissioner shall immediately take such action as is necessary to locate and apprehend the patient, using such police facilities as are necessary. As soon as the state commissioner of health has been informed that the patient has been located, he shall order transfer, by any available means, of such patient to any available institution as the case requires. Upon com-

*Forms supplied by the Michigan Department of Health.

pletion of the transfer, the superintendent or medical director of the original sanatorium shall transfer to the receiving hospital all records of such patient.

PART VI—RULES OF PROCEDURE TO DETERMINE LEGAL OBLIGATION TO MAKE REIMBURSEMENT FOR HOSPITAL TREATMENT AND CARE

1. Any person may file with the State Health Commissioner and the county of settlement a petition on form K-82* to have any public charge patient declared legally obliged to make reimbursement for hospital care received by such patient. Such application may not be filed with the State Health Commissioner before a patient is admitted to a hospital or sanatorium, and must be filed within 30 days after the admission unless otherwise authorized by the State Health Commissioner and the county of settlement shall make such investigation as is deemed necessary and either approve or disapprove the application.
2. Should the application be disapproved, the petitioner may request a reconsideration of the matter.
3. Should such application be approved by the State Health Commissioner and by the county of settlement, notice of such approval and the reasons therefor shall be sent to the patient by registered mail. Such notice of approval shall also contain a notice of hearing which shall include the place and date of hearing and shall also fully advise the patient of the facts upon which the approval has been based. The date of hearing shall in no

*Forms supplied by the Michigan Department of Health.

event be less than 90 days from date of admittance to the hospital or sanatorium. The hearing shall be conducted in accordance with liberal rules of evidence, shall be informal and the patient shall have the right to be represented by counsel. At any such hearing, evidence may be presented by the petitioner and by the patient, and the State Health Commissioner shall have the right to request any information deemed pertinent to the question involved.

4. Should medical evidence be inconclusive as to the period of treatment required, or as to the probable cost of treatment and rehabilitation, and it appears that such information can be furnished at a later date, the hearing may be adjourned for a period not to exceed one year from the date of admission.
5. In the event an adjournment is granted to either party, it shall be only given on the condition that any subsequent order issued as a result of the hearing shall be effective as of the date of the original hearing.

DEFINITIONS

Approved: Wherever this word is used it shall indicate approval of the State Health Commissioner.

Discharge: Wherever this word is used it shall mean any reason for which a patient leaves a sanatorium, including leaving against advice.

State-at-large: "Patients who have not so resided within any county in this state for such period (—in accordance with Act 280 P. A. 1939, regarding legal settlement—) and persons honorably discharged from the military services of the United States not otherwise hospitalized shall for the purpose of this act

be deemed residents of the state-at-large, and the expense of their treatment and hospitalization under this act while the same continues with the approval of the State Health Commissioner shall be paid by the state, on certification of said State Health Commissioner."

From Act 249, P. A. 1945, section three.

Public charge patient: One for whom cost of maintenance and treatment in whole or in part, is assumed by a county and/or the State of Michigan.

All forms referred to herein shall be considered a part of these rules and regulations.

Regulations Governing Counties Receiving Tuberculosis State Subsidy Adopted by the State Council of Health, August 25, 1939

1. Beginning with the month of July, 1939, and monthly thereafter, the county treasurer shall prepare a statement in duplicate on forms provided by the Michigan Department of Health, setting forth the actual amounts collected during the month by any agency of the county from individual tuberculosis patients or from their relatives or friends to reimburse the county in whole or in part for their care and treatment. The statement shall include funds collected over and above that received or receivable as state subsidy as provided for under Act 177, P. A. 1925, as last amended by Act 169, P. A. 1943, but shall not include funds received as subsidy.
2. The statement shall be concerned only with those tuberculosis patients from (or for) whom moneys have been received by the county and who are or have been listed on vouchers for payment of state subsidy. However, if no such payments have been received for any patient during the month, duplicate

- forms shall be sent to the Michigan Department of Health with certification that no such funds have been received.
3. A remittance to the Michigan Department of Health covering the amount set forth in the statement as the state's share shall be mailed with the statement. The amount due to the state shall be fifty percent (50%) of the total moneys received by the county on account of such patients.*
 4. The statement and remittance must be mailed to the Michigan Department of Health, Lansing 4, for each month, within thirty (30) days following the end of the month covered by the statement.

TYPHOID¹

Definitions

An incubatory typhoid carrier is one who excretes typhoid organisms previous to onset of typhoid.

A contact typhoid carrier is one who excretes typhoid organisms without having clinically recognizable typhoid and whose history indicates that exposure occurred less than one year previous to date of discovery.

A convalescent typhoid carrier is one who excretes typhoid organisms during the period from date of becoming afebrile to one year from date of onset.

A chronic typhoid carrier is one who continues to excrete typhoid organisms for more than one year after onset of typhoid or for more than one year after a non-clinical infection.

A professional food handler is one who, wholly or in part, makes his or her living by preparing,

*It is understood that this amount will not exceed the amount received by the county as state subsidy.

¹See Communicable Diseases on Dairy Farms or Places Where Milk or Dairy Products are Handled," page 10.

dispensing or serving food, dairy products or water.

Reporting and Placarding

Cases, suspects and carriers shall be reported. Changes of address of carriers shall be reported.

The premises of any typhoid patient or carrier, or of any person suspected of having typhoid or of being a typhoid carrier, shall be placarded if such person refuses to comply with the regulations of the Michigan Department of Health.

In addition to those persons reported as typhoid suspects, the Michigan Department of Health may, in the absence of more definite information, consider as a case or carrier suspect any person from whom a positive agglutination test, blood, feces, urine, bile, saliva, pus or transudate has been obtained.

Cases

Patients shall be conditionally released after they have been afebrile for a minimum of one week. Final release may be obtained when three consecutive fecal specimens submitted not less than a week apart have been found negative; or when one satisfactory bile specimen¹ obtained three weeks after conditional release has been found negative. Convalescent carriers may be conditionally released from isolation provided consent is obtained from the local health officer and the Michigan Department of Health.

Specimens shall be examined in a laboratory registered for enteric diagnosis by the Michigan Department of Health.

Suspects

Suspects shall submit such specimens for examination as may be required by the Michigan Department of Health.

¹A satisfactory bile specimen is amber, clear, viscous, nearly neutral or alkaline and is one placed in buffered broth immediately after procurement and delivered to the laboratory within 24 hours of bile drainage.

Carriers

Change of address. A typhoid carrier shall not make a change of residence unless the Michigan Department of Health and the local full-time health officer have been notified of such change at least five days previously. No visit shall be made to another state unless the Michigan Department of Health has been notified as to itinerary and destination.

Submission of specimens. Typhoid carriers and carrier suspects shall submit for examination such specimens as are required by the State Health Commissioner.

Occupational restrictions. Typhoid carriers shall not engage in an occupation encompassed by the definition of "professional food handler." (See above.)

No typhoid carrier shall reside on premises where milk or other dairy products are being handled for public consumption. This restriction may be waived provided the circumstances are satisfactory to the State Health Commissioner. The condensary, evaporating plant or powdered milk producer will be notified of the recommendation made by the State Health Commissioner.

Carrier release. A chronic typhoid carrier¹ shall be unconditionally released if 12 consecutive fecal specimens submitted at approximately weekly intervals and two consecutive satisfactory bile specimens are negative; or, if six consecutive fecal specimens collected with an identifying dye and in a manner satisfactory to the State Health Commissioner, and submitted at intervals of approximately sixty days, are negative.

Specimens shall be examined in a laboratory registered for enteric diagnosis by the Michigan Department of Health.

Upon fulfillment of requirements, the former

¹A typhoid carrier may submit specimens at any time for the purpose of obtaining unconditional release.

carrier shall received a statement of his unconditional release from the State Health Commissioner.

Exposed persons

Exposed persons living in the house with the patient shall not engage in any occupation that is in any way connected with public water supplies or with milk, other dairy products or other food for public consumption unless arrangements are made which are satisfactory to the Michigan Department of Health. Exposed persons shall submit three fecal specimens at approximately weekly intervals.

Disinfection

Disinfection of all excreta of patients, persons suspected of having typhoid, typhoid carriers and of all articles that may have come in contact with such excreta or persons shall be carried out in a manner satisfactory to the Michigan Department of Health.

UNDULANT FEVER¹

Reporting and placarding

Cases and suspects shall be reported.
No placard is required.

VENEREAL DISEASES

Definition

Act No. 3, 2nd Extra Session 1942, Section I, declares syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale to be dangerous communicable diseases.

¹See Supplement regarding "Diseases Among Cattle," Page 51.

Authority to make rules and regulations

Act No. 3, 2nd Extra Session 1942, Section IV, authorizes the State Health Commissioner to make such rules and regulations as he shall deem proper for the discovery and control of persons afflicted with venereal disease, and to establish rules of procedure for the guidance of health officers and other officials charged with the administration and enforcement of the laws of the State relating to the care, treatment, hospitalization and isolation of persons afflicted with venereal disease.

Reporting and placarding

Act No. 3, 2nd Extra Session 1942, Section III, directs every practicing physician to give notice in writing of every case of venereal disease which comes under his professional observation. This notice shall be given within 24 hours from the time the physician determines that the patient is afflicted with venereal disease.

Compiled Laws 1929, Section 6633, provides that any physician or local health officer who fails to report in accordance with the rules and regulations of the Michigan Department of Health shall be considered guilty of a misdemeanor punishable by fine and/or imprisonment.

Compiled Laws 1929, Section 6632, declares all reports pertaining to the care and treatment of venereal disease to be confidential.

Regulation No. 1

In cities, counties and districts having full-time health officers, reports shall be made to the full-time health officer.

In cities and counties without full-time health officers, reports shall be made directly to the Michigan Department of Health.

Regulation No. 2

Placarding is not required as part of routine administrative practice in the control of these infections but is recommended in those situations where such a procedure provides a useful adjunct to the proper enforcement of isolation and quarantine.

Public health management of cases and suspects

Regulation No. 3

The physician who reports a case of any one of the venereal diseases designated by law or who accepts such a case for treatment shall endeavor to identify and bring under medical observation the probable source of the patient's infection as well as other persons who may have been exposed to his or her infection. If the patient refuses to cooperate in such effort or if the contacts named refuse examination, the physician shall report such facts together with the name, address, age and sex of the patient, contact or contacts, as the case may be, to the appropriate health authority.

Regulation No. 4

Physicians are directed to inquire of infected persons when they first present themselves for treatment, whether they have been under treatment with another physician and if such proves to be the case, the physician formerly in charge of the case shall be notified by the patient of the change in medical advisors.

Regulation No. 5

If the patient discontinues treatment without furnishing a good and sufficient reason, the physician with whom the patient is under treatment shall report the fact to the proper health authority within two weeks of the missed appointment.

Regulation No. 6

If a patient under treatment for venereal disease changes his residence to another community either within or without the State, the physician in charge shall so inform the Michigan Department of Health, furnishing sufficient identifying information including the exact address of his new residence, if known.

Regulation No. 7

The term "suspect" shall apply to those cases distinguished by findings in the way of clinical, laboratory or epidemiologic evidence suggesting the possible presence of venereal disease. Persons coming within the definition of this term are subject to the same rules and regulations pertaining to the reporting, diagnosis, isolation and quarantine of definitely established cases of venereal disease.

Conduct of infected persons in certain occupations

Compiled Laws 1929, Section 6635: No person who is affected with any infectious disease, or with any venereal disease in a communicable form shall work or be permitted to work in any place where food or drink is prepared, cooked, mixed, baked, exposed, bottled, packed, handled, stored, manufactured, offered for sale or sold.

Whenever required by any local health officer, any person employed in any such place shall submit to a physical examination by such officer, or by some physician designated by such health officer or by a physician regularly in the employ of the person, firm, corporation or institution by whom the person to be examined is employed.

If, as a result of such examination, such person shall be found to be affected with any infectious disease, or with any venereal disease in a

communicable form, such employment shall immediately cease and such person shall not be permitted to work in any such place.

Compiled Laws 1929, Section 6636: Any person, knowingly affected with any infectious disease, or with any venereal disease in a communicable form, who shall work in any place herein defined, and any person knowingly employing or permitting such person to work in such place, shall be deemed guilty of a misdemeanor, and, upon conviction, shall be punished by a fine not exceeding \$250 or by imprisonment not exceeding one year, or by both such fine and imprisonment in the discretion of the court.

Regulation No. 8

Any person such as a nurse, nurse maid, domestic, or others engaged in occupations, the duties of which are apt to bring them into close physical contact with others and who are found to be suffering from venereal disease in a stage marked by the presence of open lesions or other external manifestations considered to be infectious in nature, shall be ordered by the health officer or examining physician to discontinue such occupation until sufficient treatment has been given to render him or her non-infectious.

In the case of early syphilis, the infected person shall be given a minimum of two injections, preferably ten, of an approved arsenical preparation after which employment may be resumed on condition that the infected person continues to receive treatment until cured or rendered permanently non-infectious.

In those cases infected with gonorrhea, employment may be resumed after the attainment of clinical and bacteriologic cure as judged by complete absence of signs and symptoms, including negative laboratory findings for a post treatment period of not less than 14 days. Any modi-

fication of these criteria to meet special situations must first have the approval of the Michigan Department of Health.

Management of persons arrested on charges of prostitution

Regulation No. 9

Every person examined in accordance with Section 3, Act No. 6, Second Extra Session, 1942, and who, upon such examination, is found to be suffering with venereal disease, shall upon the recommendation of the local health officer, be placed in quarantine and isolated in an approved hospital or institution deemed by the local health officer to be suitable for the purpose.

In the event that the patient refuses hospitalization, the local health officer is directed to quarantine the patient in his or her residence with placarding of the premises. Violation of such quarantine shall be dealt with in the manner prescribed by law.

Failure of infected persons to comply with rules and regulations

House Enrolled Act No. 3, 2nd Extra Session 1942 provides that "when knowledge comes to a health officer or to the State Commissioner of Health that any person who is infected with venereal disease has failed or refused to comply with orders, rules and regulations made under the authority granted in Section 7 of Act 146 of the Public Acts of 1919, or is unable or unwilling to conduct himself in such a manner as not to expose members of his family or household or other persons with whom he may be associated or come in contact to danger of infection, the health officer or State Commissioner of Health shall forthwith investigate or have investigated the circumstances alleged. If it be determined

that such person constitutes a menace to the health of others, the Probate Court of the county in which such person resides or is found may, upon the petition of the health officer, or State Commissioner of Health, commit such person to any approved hospital or institution in the manner prescribed in Section 5 of House Enrolled Act No. 3, Second Extra Session of 1942.

Regulation No. 10

Recalcitrant persons required to submit to medical treatment in an institution under a commitment order issued by a probate court judge may be placed in an institution deemed by the full-time local health officer as being suitable for the purpose. In areas not served by a full-time health officer such institutions may be designated by the State Commissioner of Health acting upon the recommendations of a local medical health officer, or where the local health officer is not a physician, upon the recommendations of a reputable physician designated by him, provided that in the opinion of the State Commissioner of Health the institution thus named is able to provide suitable facilities for isolation and treatment.

Regulation No. 11

It is recommended that persons committed under a probate court order be held for a minimum period of 60 days (with certain forms of intensive treatment approved by the State Commissioner of Health, this period may be shortened), at the expiration of which period the individual, if not as yet rendered permanently non-infectious, can be released on probation to the custody of the local health officer or his authorized deputy provided the patient gives a promise in writing that he or she will continue to receive treatment until the disease is permanently arrested or cured.

Regulation No. 12

In the event that suitable isolation and treatment facilities are not available locally, or if for any reason it be not advisable to commit a particular person or persons to a local institution, the individual or individuals in question may be committed to an institution approved by the State Commissioner of Health for the isolation and treatment of cases from the State at large.

SUPPLEMENT

In the following excerpts of Acts of the State Legislature relating to public health, references are to the Compiled Laws of 1929 unless the Act itself is specified.

OCCUPATIONAL DISEASES

Excerpts from Act 210, P. A. 1937.

Sec. 1. On and after the effective date of this enactment every physician, hospital superintendent or clinic registrar having knowledge of a case of occupational disease shall within ten days report the same to the State Department of Health on a form provided by the State Department of Health, giving the name and address of the patient, the name and business address of the employer or employers, the business of the employer, the place of the patient's employment, the length of time of his employment in the place where he became ill, the nature of the disease and any other information required by the State Department of Health. ALL SUCH REPORTS AND ALL RECORDS AND DATA of the State Department of Health PERTAINING TO SUCH DISEASES ARE HEREBY DECLARED NOT TO BE PUBLIC RECORDS. The Department of Labor and Industry shall have access to any such record in any case where any complaint or suit shall have been brought before it.

Sec. 1a. An occupational disease, for the purpose of this statute, is an illness of the body which has the following characteristics:

1. It arises out of and in the course of the patient's occupation.
2. It is caused by a frequently repeated or a continuous exposure to a substance or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
3. It presents symptoms characteristic of an occupational disease which is known to have resulted in other cases from the same type of specific exposure.
4. It is not the result of ordinary wear and tear of industrial occupation or the general effect of employment or the kind of illness that results from contacts or activities in life outside of the patient's occupational pursuits.

Sec. 1c. Whenever the State Commissioner of Health receives a report as provided by Sec. 1 or has reliable notice that there is within the state a case of occupational disease, he may cause an investigation to be made to determine the authenticity of the report and the cause of the disease.

Sec. 2. Any physician, hospital superintendent or registrar in charge of hospital or clinic records who shall fail to make any report required by the preceding section, or who shall wilfully make any false statement in such report, shall be deemed guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than fifty dollars.

Sec. 3. It shall be the duty of the State Department of Health and of the prosecuting attorney of the county where any one violating the

provisions of this Act may reside, to prosecute all violations of the provisions of this Act which shall come to their knowledge.

DANGEROUS COMMUNICABLE DISEASES

Provision of medical care for indigent cases of communicable diseases. The cost of medical care for indigent cases of dangerous communicable diseases is paid by the county (Sec. 6489, C. L. 1929). When necessary, the bills may be paid by the township, city or village and reimbursement made by the county.

Wilful exposure of another person to a dangerous communicable disease a misdemeanor. Act 328, P. A. 1931.

Instruction in public schools regarding dangerous communicable diseases mandatory. Act 319, P. A. 1927, Chap. 2, Part 11.

DISEASES AMONG CATTLE

Excerpts from Act 181, P. A. 1919

Sec. 5. It shall be the duty of any person who discovers, suspects or has reason to believe that any domestic animal belonging to him or in his charge, or that may come under his observation, belonging to other parties, is affected with any disease, whether it be a contagious or infectious disease, to immediately report such fact, belief, or suspicion to the State Commissioner of Animal Industry, or to the local board of health or some member thereof. It is hereby made the duty of all local boards of health, to whom cases of contagious or infectious diseases are reported, to immediately investigate the same, either in person by some member or members of the board, or by the employment of a competent and skilled veterinarian; and should such investigation show

a reasonable probability that a domestic animal is affected with a contagious or infectious disease of a malignant character, the local board of health shall immediately establish such temporary quarantine as may be necessary to prevent the spread of the disease and report all action taken to the State Commissioner of Animal Industry; and the acts of local boards of health establishing temporary quarantine shall have the same force and effect as though established by the Commissioner, until such time as the Commissioner may take charge of the case or cases and relieve the local board of health. All expenses incurred by local boards of health in carrying out the provisions of this act shall be paid in like manner as are other expenses incurred by said boards in the discharge of other official duties.

LOCAL HEALTH ORGANIZATION

The law recognizes four types of local health organization: township, municipal, county, district. The township board of health is composed of the township supervisor, the two justices of peace whose terms of office will soonest expire, and the township clerk (1010, 6475).

Unless special boards of health are established, municipal and village boards of health are comprised of the mayor and council of incorporated cities and the president and council or trustees of incorporated villages (6524).

Each of the local boards of health is required to appoint a health officer who shall be a "well educated physician" unless "it is not practicable," in which case the board may appoint a supervisor or some other person as health officer (6476).

County boards of supervisors may employ public health nurses and appropriate money for necessary expenses incurred (6817-6821).

Township, village and city boards of health are granted broad general powers through the enact-

ment of local ordinances (6477, 1595, 1601, 1962) and through specific powers granted by state law.

COUNTY AND DISTRICT HEALTH DEPARTMENTS

The board of supervisors of any county may establish a county department of health, to be maintained out of the general funds of the county. Two or more counties may unite to form a health district (6545-6554).

Act No. 13, P. A. 1931, amends Sec. 15 of Ch. 35 of Revised Statutes of 1846 relative to quarantine, removal of person, provisions for care; indigents, payment by county; fees, district boards of health, cases reported.

"In counties or districts having a county or district health department, the powers and duties herein granted to or imposed upon local boards of health, except in the case of non-indigent cases in cities having an organized health department with full-time health officer, and on supervisors and superintendents of the poor shall be exercised or carried out by said county or district health department.

"All cases of dangerous communicable diseases except in case of non-indigent cases in the class of cities excepted herein shall be reported by local health officers to the county health department. Said department shall make use of, and cooperate with, such local officials in performing its functions as it deems advisable and shall have jurisdiction over such officials in their control and treatment of cases of dangerous communicable disease."

Sec. 1 of Act No. 15, P. A. 1931, amends Sections 5 and 6 of Act No. 306, P. A. 1927, as follows:

Amendment Sec. 5. "The county health department shall have jurisdiction throughout the county in both indigent and non-indigent cases except that it shall not have jurisdiction in non-indigent cases in cities having an organized health department with full-time health officer."

Amendment Sec. 6. "The county health department shall have the administration of, and it shall be its duty to administer, all health laws and the control of communicable diseases under the advice and direction of the State Health Commissioner."

DUTIES OF LOCAL HEALTH OFFICER

The duties of the local health officer include:

Investigation of all cases or suspected cases of communicable disease coming to his attention from any source, establishment of quarantine or isolation, supervision of funeral arrangements for communicable disease cases, furnishing notice to public and school authorities of the existence of a case of communicable disease, supervision of concurrent and terminal disinfection (6541), providing care for quarantined cases (6489, 6541).

Reporting cases of communicable disease to Michigan Department of Health (6518-6541).

Investigation of nuisances (6541, 6482-6488, 1596-1599, 1963-1965), sources of sickness, public water supplies, and water supplies of boarding houses, school, restaurants and other public places (6541).

Investigation of sanitary conditions of public places, restaurants and places of amusement or entertainment (6541).

Immunization and vaccination of exposed persons (6541).

Inspection of sewage and garbage disposal plants (6541).

Inspection of food (1945, 6527-6537).

Examination of food handlers (6635-6638). Control of milk supplies (6555-6565, 5340, 5343-5352, 5358-5365), as amended by Act 60, P. A. 1929.

Control of rabies (6622-6629).

Regulation of vaults, sewers, gutters (1945, 6675).

Regulation of offensive trades and nuisances (1945, 1966).

Issuance of certain death certificates (6581).

SHIPMENT OF SPECIMENS

Special postal regulations apply where the mail is used to ship specimens to the laboratory. If specimens cannot be transported by mail, shipment by express can be made provided that specimens are properly packed.

Section 589 of the Postal Laws and Regulations is given in part as follows:

Pathologic specimens, fixed tissues. Plague and cholera. "(b) Pathologic specimens of plague and cholera which have been immersed for at least 72 hours in four times their volume of four per cent formaldehyde gas in water, or other fluid of equal or superior disinfecting power for a period sufficient to fix or harden the central portions of the specimen, may be admitted to the mails if packed in the same manner as herein prescribed for other unfixed pathologic tissues (Par. 3, Subpars. a, b, c).

Cultures, unfixed tissue for plague, cholera, anthrax, undulant fever and tularemia. "(c) Cultures and infectious material of plague, cholera, anthrax, undulant fever and tularemia may be admitted to the mails if enclosed in stout glass tubes sealed by fusion of the glass and packed in a larger stout glass container with a layer of absorbent cotton soaked in four per cent formal-

dehyde surrounding the inner container. The outer glass container shall be closed with a rubber stopper or cork of good quality or by fusion of the glass. This double glass container shall then be packed in accordance with the provisions of Paragraph 3, Subparagraphs b and c.

Sputum, feces, pus, other unfixed tissues or other infectious material. "3(a) Specimens of sputum, feces, pus, unfixed diseased tissue or other infectious material fluid in nature or shipped with nondisinfecting fluid shall be placed in stout glass containers of suitable size (but not more than three inches in diameter) closed with a metal cover with a rubber, cork, or paraffined paper leakproof washer or with a cork or rubber stopper of good quality or by fusing the glass, provided that large fixed specimens of diseased tissue may be prepared for shipment outside of mail bags when packed in accordance with the provisions of Subparagraph b.

"(b) The aforesaid glass container shall then be placed in a cylindrical sheet-metal box, with soldered joints, closed by a metal screw cover with a rubber or felt washer. The vial or test tube in this sheet-metal box shall be completely and evenly surrounded by absorbent cotton or other suitable absorbent in quantity sufficient to absorb the contents of the glass container should it be broken.

"(c) The sheet-metal box with its contents shall then be enclosed in a closely fitting wooden or papier-mache box or tube, at least three-sixteenths of an inch thick in its thinnest part or in a sheet-metal box or tube of sufficient strength to resist rough handling and support the weight of the mails piled in bags. This tube shall be tightly closed with a screw-top cover with sufficient screw threads to require at least $1\frac{1}{2}$ turns before it will come off.

Other cultures, blood serums, spinal fluids, other fixed tissue. "(d) Cultures in solid media, blood serum, spinal fluid, fixed and completely disinfected diseased tissue and infectious materials on swabs shall be transmitted in a stout glass container of suitable size (but not more than three inches in diameter) closed with a metal cover with a rubber, paraffined cork, or cotton, the last sealed with paraffin or covered with a tightly fitting rubber cap. The tube shall then be packed in a single wooden or papier-mache cylindrical box or tube, at least three-sixteenths of an inch thick in its thinnest part or in a sheet-metal box or tube, of sufficient strength to resist rough handling and support the weight of the mails piled in bags. The glass container in this box or tube shall be completely and evenly surrounded by absorbent cotton or other suitable absorbent packing material. Cultures in media that are fluid at the ordinary temperature (below 45° C. or 113° F.) may be mailed if packed in stout glass vials closed by fusing the glass and enclosed as in Subparagraphs (b) and (c).

"(e) Specimens of blood dried on glass microscopic slides for the diagnosis of malaria or typhoid fever by the Widal test or of other conditions shall be sent in any strong mailing case which is not liable to breakage or loss of the specimen in transit.

"(f) Large pathological specimens of fixed diseased tissue and shipments of large numbers of small specimens may be prepared for shipment outside of mail bags. Small specimens of sputum, blood, serum, spinal fluid, pus, feces, fixed or un-fixed diseased tissue or other material fluid in nature or shipped with fluid, forming part of such a shipment shall be placed in stout glass containers as in Subparagraph (a) and individually evenly wrapped in absorbent cotton or other suitable absorbent material in sufficient quantity to absorb all the fluid in case of breakage. Large

specimens of fixed diseased tissue shall be placed in securely sealed glass containers or in securely closed (hermetically sealed or screw-top or approved patent-top) metal containers with the necessary preservative fluid. The container shall be surrounded by sawdust or other suitable absorbent material to protect against breakage or leakage. Small and large specimens so prepared shall be shipped in a strong securely closed box marked 'Fragile—Liquid. This Side Up,' or with similar inscription, and be transported outside of mail bags.

"4. Upon the outside of every package of diseased tissue, blood, serum or cultures of pathogenic microorganisms admitted to the mails shall be written or printed the words 'Specimen for Bacteriological Examination. This Package shall be pouched with letter mail.' Except that large specimens or shipments prepared under Paragraph 3, Subparagraph (f) shall be marked 'Specimen for Bacteriologic Examination.'"

Paragraph 3 (b), Section 589, Postal Laws and Regulations, is hereby amended for the duration of the war, to read as follows:

"(b) The aforesaid glass container shall then be placed in (1) a cylindrical sheet-metal box, with soldered joints, closed by a metal screw cover, or (2) a paraffin impregnated heavy cardboard container with ends made of metal, or a suitable substitute for metal and/or cardboard. A sleeve type of closure may be employed provided that the overlap is at least one-third the length of the cylinder and in any case at least two inches. The closure shall be sealed with tape. Or, (3) a one-piece bored wooden cylinder at least three-sixteenths of an inch thick in its thinnest part with a threaded screw top.

"The screw covers shall be provided with rubber or felt washers and shall be threaded with

sufficient screw threads to require at least 1½ full turns before they will come off.

"The vial or test tube in the above containers shall be completely and evenly surrounded by absorbent cotton or other suitable absorbent in quantity sufficient to absorb the contents of the glass container, should it be broken."

The Railway Express Agency issues the following regulations for shipment of specimens to all agents:

"1. Rules and regulations governing the shipment of the heads of dogs or other animals by express to laboratories of state boards of health or other laboratories.

"a. Agents must not accept for transportation the head of a dog, or any other animal, sent to state boards of health for rabies examination, unless it shall have been prepared for shipment as hereinafter provided.

"b. The head of a dog or other animal so shipped must be placed in a tin can or other metal container, which will not permit the leakage of fluids; such container shall then be placed in a second metal container with ice packed around it; such outside container must be so constructed that it will not permit the leakage of the ice water.

"c. All such packages must be labeled: CAUTION—This Package Contains the Head of a Dog (or name of other animal) Suspected of Having Died of Hydrophobia.

"d. Such shipments tendered on Saturday, which cannot reach destination early enough for delivery on that day, and would, therefore, remain in the express office over Sunday, must be refused, and shipper requested to pack in ice and hold until Monday, so that they can be delivered without delay at destination.

"e. Require prepayment of charges on shipments of this kind."

SPECIMENS TO BE SUBMITTED FOR LABORATORY EXAMINATIONS

DISEASE	SPECIMEN	EXAMINATION	BLANKS AND CONTAINERS
Amebiasis	Warm feces Feces in preservative	Saline and stained preparation for trophozoites and cysts Examination for cysts	F22 Screw cap jar Screw cap jar with formalin
Anthrax	Skin lesions Sputum	Direct examination and culture	F22 Glass slide Swab in glass tube Screw cap jar
Bacillary dysentery	Feces	Culture, isolation and identification of organisms	F24a Screw cap jar with preservative
Diphtheria	Throat swab Nose swab Ear swab	Direct microscopic examination Culture Toxigenicity test	F12a Swab in glass tube
Encephalitis Lymphocytic chorio Equine St. Louis	Spinal fluid	Cell count, quantitative sugar and chloride determination, globulin reaction, total protein	F36 8-cc shell vial
Epidemic Jaundice (Weil's disease)	Blood	Agglutination	F22 8-cc shell vial

Fungus infections	Material from lesion		Wet preparation	F22
Actinomycosis		Culture	8-cc shell vial	
Blastomycosis		Animal inoculation	Swab in glass tube	
Thrush				
Favus				
Ringworm				
Glanders	Pus Blood		Culture and animal inoculation	F22 8-cc shell vial
Gonorrhreal infection	Slide preparation	Stained for gram negative intracellular diplococci		F8a Glass slide
Impetigo	Swab from lesion	Culture		F22 Swab in glass tube
Intestinal parasites	Feces	Wet preparation Flotation or other special methods for ova		F22 Screw cap jar N.I.H. swab
Infectious Mononucleosis	Blood serum Blood film	Agglutination test, sheep cells Examination of blood slide for abnormal white cells		F22 8-cc shell vial F21 Glass slide
Malaria	Blood film	Stained for parasites		F21 Glass slide
Meningitis (Epidemic and non-epidemic)	Spinal fluid	Culture, isolation and identification of organisms, cell count, Lange's colloidal gold curve, quantitative sugar determination		F22 F36 8-cc shell vial
	Blood (citrated or oxalated)	Culture		F22 8-cc shell vial

SPECIMENS TO BE SUBMITTED FOR LABORATORY EXAMINATIONS

(Continued)

DISEASE	SPECIMEN	EXAMINATION	BLANKS AND CONTAINERS
Pertussis (Whooping cough)	Spray from cough on cough plate	Culture for B. pertussis	F22 Special media
Pneumonia and other infections	Blood Sputum Pleural fluid Spinal fluid	Culture and type determination Direct examination Culture and type determination Mouse inoculation	F22 Screw cap jar 8-cc shell vial
Poliomyelitis	Spinal fluid	Cell count Quantitative sugar determination Globulin reaction Total protein Chloride determination	F36 8-cc shell vial
Psittacosis	Sputum	Animal inoculation	F22 Screw cap jar
Rabies ¹	Animals Human	Head	Blank F292. In sealed container. See blank for directions. DO NOT SHIP MORE THAN ONE HEAD IN A CONTAINER. DO NOT USE CHEMICAL PRESERVATIVE

¹ See page 23 Rabies.

Rickettsial diseases	Blood serum	Weil-Felix reaction	F22 8-cc shell vial
Typhus Spotted fever			
Septicemia	Blood (citrated or oxalated)	Culture	F22 8-cc shell vial
Septic sore throat	Swab	Culture for hemolytic streptococci	F12a Swab in glass tube
Syphilis	Blood serum	Kahn precipitation test	F1 8-cc shell vial
	Spinal fluid	Kahn precipitation test Lange's colloidal gold curve	F36 8-cc shell vial
		Globulin reaction	
		Darkfield	F300 Capillary tube
Tuberculosis	Sputum	Stained slide for acid-fast bacilli	F17a
Pulmonary		Culture and animal inoculation on special request (5-day pooled specimen)	Screw cap jar
Non-pulmonary	Urine Pleural fluid Spinal fluid Pus Feces	Stained slide for acid-fast bacilli Culture and animal inoculation	8-cc shell vial Screw cap jar
Trichinosis	Blood film	Examination of stained slide for eosinophiles	F21 Glass slide
Tularemia	Blood serum aspirated pus	Agglutination Animal inoculation or culture	F22 8-cc shell vial

SPECIMENS TO BE SUBMITTED FOR LABORATORY EXAMINATIONS
(Continued)

DISEASE	SPECIMEN	EXAMINATION	BLANKS AND CONTAINERS
Typhoid and paratyphoid (Salmonella)	Blood clot and serum Feces Bile Urine	Culture Agglutination test (Widal) Culture, isolation and identification of organisms	F24b 8-cc shell vial F24a Screw cap jar with preservative for feces, without preservative for bile and urine
Undulant fever	Blood serum Blood inoculated into special blood culture outfit	Agglutination test Culture	F537 8-cc shell vial Special container
Urinary infection	Catheterized urine	Examination of stained slide Culture	F22 Screw cap jar 8-cc shell vial
Vincent's infection	Slide preparation	Stained for organisms of Vincent	F22 F12a Glass slide

SPECIAL EXAMINATIONS IN CONTROL OF COMMUNICABLE DISEASES

DISEASE	SOURCE	SPECIMEN	CONTAINERS AND TRANSPORTATION
Diphtheria and septic sore throat	Carriers	Throat swabs	Blank F12a Swab in glass tube
Enteric infections	Carriers	Feces	F'24a Screw cap jar with preservative
Food-poisoning	Food Commercial ¹ Domestic	Suspected food	In original container and delivered to laboratory as directed by health officer
Meningitis	Carriers	Nasopharynx swabs	Consult Bureau of Disease Control
Plague	Animals		Consult Bureau of Disease Control for containers and transportation
	Human		
Psittacosis	Birds	Psittacine bird	Consult Bureau of Disease Control for containers and transportation
Trichinosis	Pork	Suspected meat Biopsy tissue	In original container and delivered to laboratory as directed by health officer

¹Correlated with State Department of Agriculture, Division of Food.

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